

DIABETIC – SYMPTOMATIC HYPERGLYCEMIA

(Only for diabetics, otherwise use Cardiopulmonary Resuscitation Protocol MSRN 140117.01.49)

Subjective Data:

Chief complaint: _____ Allergies: _____
Onset: New Onset Recurrence

Last food intake: _____ Amount: _____ Type: _____

Insulin dosage: _____ Amount: _____ Last injection: _____

Current medication(s): _____

Associated symptoms:

<input type="checkbox"/> Thirst	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Nausea	<input type="checkbox"/> Frequent urination	<input type="checkbox"/> Frequent hunger	<input type="checkbox"/> Blurred vision
<input type="checkbox"/> Confusion	<input type="checkbox"/> Weight loss	<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Headaches	<input type="checkbox"/> Abdominal pain	

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____ FSBS: _____

Respirations	<input type="checkbox"/> Even	<input type="checkbox"/> Uneven	<input type="checkbox"/> Deep/rapid breathing (Kussmaul breathing)		
Mucus membrane	<input type="checkbox"/> Moist	<input type="checkbox"/> Dry	<input type="checkbox"/> Parched		
Skin	<input type="checkbox"/> Warm	<input type="checkbox"/> Cool	<input type="checkbox"/> Pale	<input type="checkbox"/> Clammy	<input type="checkbox"/> Diaphoretic
Turgor	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased			
Skin	<input type="checkbox"/> Warm	<input type="checkbox"/> Dry	<input type="checkbox"/> Cool	<input type="checkbox"/> Moist	<input type="checkbox"/> Clammy
Skin color	<input type="checkbox"/> Pink	<input type="checkbox"/> Pale	<input type="checkbox"/> Flushed	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Jaundice
Abdomen	<input type="checkbox"/> Soft	<input type="checkbox"/> Firm	<input type="checkbox"/> Distended		

DIABETIC EMERGENCY: IMMEDIATE EMERGENCY CARE AND AMBULANCE TRANSFER TO HOSPITAL WITHOUT DELAY. DIABETIC KETOACIDOSIS CAN LEAD TO A DIABETIC COMA AND DIABETIC HYPERGLYCEMIC HYPEROSMOLAR SYNDROME WHICH CAN BE LIFE-THREATENING. *Health care provider must be called if not on site or if after clinic hours.*

Lethargic, comatose or convulsive, contact emergency services. Moderate to severe (Moderate to Large Ketones).

Emergency department notification time: _____ Transport time: _____ Transported by: _____

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF: *Health care provider must be called if not on site or if after clinic hours.*

- Any inmate with signs of severe hyperglycemia (tachycardia, tachypnea, mental confusion)
- Unable to keep food or fluids down
- Inmate requires additional insulin

Health Care Provider: _____ Time Notified: _____ Orders Received for Treatment: Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (Check all that apply)

- Check in assessment only for health care providers visit.
- Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.
- Assess B/P and heart rate frequently. UA Dipstick to check ketones.

If Ketones Mild (Negative or trace/small ketones)

- Provide water or sugar free beverage.
- Allow unrestricted access to bathroom.
- Recheck FSBS and ketones if symptoms persist.
- Encourage activity if asymptomatic to help bring glucose down.

If Ketones Moderate/Severe (Moderate to large ketones)

- Health care provider must be contacted prior to any of the interventions below for possible transport to ER for blood gases and IV insulin.
- Provide water or sugar free beverage 16-24 oz. over 2 hours.
- Allow unrestricted access to bathroom.
- Observe signs for fruity smelling breath.
- Recheck FSBS and ketones.
- Restrict participation in physical activity if blood glucose is greater than 250 mg/dL and if ketones are moderate to large.

- If inmate lethargic or confused, establish IV access (**this will require an order from health care provider**)
- Observe in medical until blood sugar < 350, decreased signs and symptoms of hyperglycemia. If FSBS remains >350 after 1 hour contact medical provider for orders for possible additional insulin / IV fluids.

FSBS _____ Time _____ FSBS _____ Time _____

- Education/Intervention: Instructed to follow diet and exercise, s/s of hyperglycemia, medication regime, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ Date: _____ Time: _____

RN/LPN Signature/credentials: _____ Date: _____ Time: _____

Inmate Name
(Last, First)

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